FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 | | ORGANIZATION | | | | | | | | | | |
|--|-------------------|------------------------|--------------------|----------------|---|------------------------|-----------------|------------|------------------------------------|--|----------------------|--|
| . • | | (See instructions) | | | | | Office use only | | | | | |
| NAME OF COMMITTEE | (in full) | (Chec is cha | k if name nged) | Exam over t | ple: If typying he lines | g, type | 12FE | 4M5 | | | | |
| Bill Owens | for Congr | ess | | | | | | | | ш | | |
| ADDRESS (number | and street) | PO Box 15 | 575 1 1 1 1 1 1 | | | | | | | | | |
| (Check if add is changed) | ress | Plattsburg | jh | | | | NY | L | 1290 | <u> </u> | | |
| | | | (| CITY | | | STATE | • | ZII | CODE | • | |
| COMMITTEE'S E- (Check if add is changed) | | | e only one e-ma | | | | | | | | | |
| COMMITTEE'S W (Check if add is changed) | | | v.billowensf | orcong | ress.ocm | | | | | | | |
| 2. DATE | 0.3 / C | 27 / Y Y 20 | 1 0 Y | | | | | | | | | |
| 3. FEC IDENTIF | ICATION N | JMBER | C | C00 | 164495 | | | | | | | |
| 4. IS THIS STAT | EMENT | NEW (N) | OR | X | AMEND | ED (A) | | | | | | |
| I certify that I have ex | | Thead | oest of my knowl | _ | I belief it is tru | e, correct an | d complete | • | | | | |
| Type or Print Name | of Treasure | er | 01011011010 | -y.v. | | | | | | | | |
| Signature of Treaso | ırer El <u>ec</u> | tronically Filed by | Theodore K | owalc | zyk | | Date | 0 3 | [/] 2 ^D | / Y | ^Y 2 0 1 0 | |
| NOTE: Submission of | of false, erron | eous, or incomplete in | | | | | | | es of 2 U.S. | C. §437g | | |
| Office Use Only | | | | | For further in Federal Electi Toll Free 800- Local 202-694 | on Commiss 424-9530 | | | | FORN ed 02/200 | | |